

Application for a Certified Birth Certificate

**** Please read carefully. Complete ALL the items listed below. ****

INSTRUCTIONS:

1. Please complete all items below by printing clearly.
2. Primary identification required. (copy Valid Driver's license, Military ID, Passport)
3. To obtain a certified copy of a birth record, you must show you have a direct interest in the record and need the record to determine personal or property rights. (Indiana Code 16-37-1-8)
4. Proof of relationship is required IF you are requesting a certificate other than your own.
5. Payment: cash, cashier's check or money order. NO PERSONAL CHECKS are accepted.
6. Please return to the Health Department with a stamped, self-addressed envelope.

Number of certificates _____ @\$15each Total amount enclosed \$ _____

Full name at birth: _____
First Middle Last

Date of Birth: _____ Place of Birth: _____

Full maiden name of mother: _____

Full name of father: _____

Has this person ever been adopted? _____ Has this person ever had a legal name change? _____

If yes please provide us the new name _____

Please indicate in the boxes below how you are related to the person on the birth certificate.

Individual named on the record over 18. (under 18 must have letter from parent and copy of parents ID)	Spouse of person named on the record. (with proof of relationship, marriage license)
Mother/Father of person named on record. YOU must be named on the record.	Legal Guardian of person named on record with proof. (Current guardianship paper with raised court seal)
Brother/Sister over 18 with proof of relationship. (copy of your birth certificate with one parent in common)	Adult child of the person named on the record (with proof of relationship. YOUR birth certificate)
Aunt/Uncle of person named on the record with ID and copy of birth certificate of the parent and self	Stepparent with ID and copy of valid marriage certificate and signed authorization including ID from legal parent
Grandparent of person named on record with proof of relationship (your child's birth record)	

Purpose for the birth certificate: _____

Address: _____
Street City State Zip

Phone #: () _____ Today's date: _____

Signature: _____